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REPORT OF THE NEW HAVEN CO. MEDICAL SOCIETY.

(Concluded from page 347.)

[THE favors of correspondents have so crowded our pages for some weeks past, that we have been unable to continue this Report; and now, instead of inserting the remainder entire, we must give only detached portions, as we cannot otherwise finish it in this volume of the Journal.]

But how far are the laws relating to our profession really exclusive or oppressive in their operation, and what is the penalty attached to their neglect? They do not prevent the freest competition, and all the benefits which flow from it; or a supply of licensed physicians at all times equal, at least, to the demand. They do not point out to the people the person they shall employ when they are sick. They allow all the utmost freedom of choice. A man who is ill, or even *not* ill, can employ a "regular doctor," or a "botanic doctor," or an "Indian doctor," or a doctress, one or more, until his means are exhausted, and no one has business to interfere. He can swallow calomel, or lobelia, or tansy tea, or "doctor Brandeth's pills," or nothing, as best suits his fancy. He can have the fullest benefit of that peculiar wonder-working skill which comes from inheritance, or purchase, or inspiration, or inoculation, or which is the possession of root-doctors, patent-doctors, cancer-doctors, &c. and which a man whose knowledge is derived from observation and study can, of course, never learn. Nor does the law prohibit the man (or woman), who has this skill, from using it to the utmost advantage, either of himself or the world. He is not liable to a prosecution for *improving* his faculty, like the unlicensed attorney, or tanner, or auctioneer.

But the unlicensed practitioner cannot collect his fees! True, he cannot *by law;* or rather he cannot *enforce* payment. This is the penalty, and the whole penalty, for neglecting to qualify himself for his business, and submit to an examination relative to his attainments.

No inconsiderable part of the beneficial effects of the present medical laws is derived from the sanction and authority which they give to just and healthful sentiments on an important subject. They may be considered as the expression of an opinion, by wise and influential men, that an intelligent, learned and faithful medical faculty should be sought, and encouraged, and trusted—an opinion having no slight weight with the community at large. They virtually say—

We, the enactors, representatives of the people, being impressed with the importance of an able and skilful body of physicians, and the necessity of education and a diligent course of training preparatory to the successful exercise of the medical art, do enact, &c. We need not say that the repeal of the medical laws, under present circumstances, would have the effect to throw the whole weight of legislative authority into the opposite scale. Such repeal would, virtually, be an expression of the opinion that medicine is not a science, and is not learned by observation and study; that the art of curing diseases may be something akin to a knack or "gift;" that the ignorance and stupidity of a man afford no ground for distrusting his competency and skill as a "doctor;" and that mountebanks and knaves, and all that genus, are just as likely to be skilful and trusty physicians, as men of science, learning and honor, and therefore ought not to be discouraged.

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What may be called *Doctor* Thomson's *theory, invented by himself* (we call him *doctor* to show that we are willing to share the honor of the title with anybody who claims it), seems to be a mutilated copy of a very ancient one, originally the property of one Hippocrates (who lived some three thousand years ago), the remains of which are still to be traced among the medical wiseacres of our land —those skilled in traditional medical knowledge. It had its birth, of course, before the dawn of accurate science. We give the gist of the theory, as *discovered* by Dr. Thomson, in his own words.

"I found, after maturely considering the subject, that all animal bodies are formed of the four elements, earth, air, fire, and water. Earth and water constitute the solids, and air and fire, or heat, are the cause of life and motion. That cold, or lessening the power of heat, is the cause of all disease; that to restore heat to its natural state was the only way in which health could be produced; that the constitutions of all mankind being essentially the same, and differing only in the different temperament of the same materials of which they are composed; it appeared clearly to my mind, that all disease proceeded from one general cause, and might be cured by one general remedy; that a state of perfect health arises from a due balance or temperature of the four elements; but if it is by any means destroyed, the body is more or less disordered. And when this is the case, there is always an actual diminution or absence of the element of fire or heat; and in proportion to this diminution or absence, the body is affected by its opposite, which is cold. And I found that all the disorders which the human family were afflicted with, however various the symptoms, and different the names by which they are called, arise directly from obstructed perspiration, which is always caused by cold, or want of heat; for if there is a natural heat, it is impossible but there must be a natural perspiration."

All this, or rather the original of all this (for the copy is mutilated and imperfect), is ingenious enough, when it is considered as the product of pure reflection, without the aid of observation and experiment, or the lights of modern science (and it should be so considered in the case of Hippocrates, the author); but what are we to say of such wretched stuff, put forth, at this day, as true and original doctrine? "I found," says Dr. Thomson, and "I found," he repeats; but how did he find what he describes? why, by "maturely considering the subject." And is this the way to analyze a man's frame? Why did he not first look into the human body, and then tell us what it is made of, instead of staring on its outside, and afterwards "maturely considering" its composition? Really, we feel that we are consenting to an act of humiliation in exposing such obvious absurdity—such nonsense, thrice distilled. To tell the truth, we feel ashamed of ourselves, ashamed of our common nature, and ashamed even of our country, that circumstances, aye, that *public opinion*, should require of us this exposure. What school boy does not know that neither of the above named elements are elements, with the exception of heat? Earth consists of more than sixty elements; air, of at least three, oxygen, nitrogen, and carbonic acid gas; and water of two, oxygen and hydrogen.

"Cold," the doctor continues, "is the cause of all disease"—for instance, fever, itch, smallpox, the inflammation which follows a *scald*, salivation from calomel, and, we suppose, broken bones and pregnancy, for we have noticed that Thomsonians steam for both! But if cold is such an enemy to life, how happens it that people should live in Lapland, or why should they die under the equator? But the doctor himself says, in another place, that bad food is a cause of disease, and in another that filth is a cause, and in a hundred other places, that sickness is produced by the "regular doctors!" On one occasion, he estimates that nine tenths of all the sickness of our country is caused by calomel, opium, antimony and the lancet! Can it be necessary to say more of Thomson's *theory*?

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Thomson and his followers have much to say about there being vegetables enough in every country to cure the diseases incident to its climate. When asserting this, they probably forget that capsicum, of which they make constant use, is not a native of New England, or even of the United States. For some very queer reasons, Thomson even condemns that which is cultivated at the south. Myrrh and cloves, too, grow no nearer us than Arabia and the East Indies, and ginger as far off, at least, as Mexico. Of the eight compounds which Thomson has patented, four of them (Nos. 2, 5, and 6, and "composition powder") *always*, and two others (Nos. 3 and 4), *occasionally*, contain articles of foreign growth!

It is mentioned, too, by the botanic faculty, as an insurmountable objection to the regular physicians, that they conceal their knowledge and deceive their patients by the use of hard, jaw-breaking names. But what are we to say of the patent doctors, who are so afraid of names of any kind, because they sometimes betray secrets, that they designate their medicines by numbers and arbitrary terms invented for the purpose, whose signification it is impossible to ascertain except by the purchase of a "right," or by accident, as in the case of ourselves. The technical terms used by physicians are the received terms of science, whose meaning may be learned by any one ignorant of it, by looking into such books as are to be found in the hands of every medical man, and in every book-store. Such terms are a lock to which every one has, or may have, the key; whereas, numbers are a lock to which there is no key, except to the initiated, or purchaser of a right. Here, again, we feel that the duty of exposing such pitiful objections is a degrading one; but it has been imposed upon us by authority which we could not disregard. A hundred other objections, like those already noticed, we might examine—but we forbear.

We shall allude to but one other topic. Much odium has been cast on our profession by fixing on it an unpopular name. It has been urged, sometimes with great vehemence, that our medical laws ought to be repealed, because they make the practice of physic a *monopoly*. This, possibly, may be brought forward as a reason (a poor one enough, as we have already shown), by those who are not themselves engaged in a monopoly; but how can the friends of the botanic system (as it is fondly called), plead thus, when that same system is the most perfect monopoly in the world. No man has liberty to employ Thomson's medicines, in the manner described in his patent, without purchasing a "right!" Let a person's disease or suffering be what it may, let him be in the agony of death even, and a sympathizing friend cannot so much as prepare and administer a single grain of Thomson's No. 1, without exposing himself to a prosecution. Should Doctor Thomson himself be sent for in such a case, he would not give a single particle of medicine (such has been his course for many years, as declared in his "Narrative"), unless a right, costing twenty dollars, should forthwith be purchased. Was there ever so unwarrantable a use made of law? If Thomson's system possess but a tithe of the value which his advocates claim for it, he is beyond all comparison the greatest monopolist in the land. He holds in his fist a power which it is not easy to estimate, and which should never be entrusted to any one man in this republican country. He has a certain patent mode of curing all diseases, of removing every pain and infirmity; but no one can derive any benefit from it, either for himself or his friends, should his poverty or his principles forbid his paying twenty dollars for a patent! Let those who talk so much of "equal rights," ponder this matter.

A botanical doctor's monopoly is founded entirely on purchase. His patent right is his license. Secure in the exclusive possession of this, and intrenched by laws which operate as though made expressly for his benefit, he laughs at competition, and bids defiance to the world. He needs no study, no science, no knowledge, no sense, nothing but ample means of purchase, and he is a member of Dr. Thomson's "Friendly Botanic Society"—one of a privileged class—and can threaten with the terrors of prosecution all such as attempt to use lobelia, red pepper and steam, in the manner that he does.

If our profession, then, under the present laws, is a monopoly, Thomsonism is a much greater one. The laws, in the first case, may be considered as reading thus—No man who shall practise physic, without having previously studied at least two years, been examined as to his qualifications, and received a certificate of his competency, shall be allowed to collect his fees by process of law. In the second case, they may be regarded as reading thus—No person shall practise as a botanic doctor, unless he shall have previously purchased a right of Dr. Thomson, under the pains and penalties of a prosecution before the United States court. As the present movement in regard to the repeal of the medical laws is made avowedly for the benefit of the steam fraternity, we would ask the question whether the friends of this movement would not find their account in dwelling no more on the odiousness of monopolies?

For the reasons which have been given in the foregoing pages, we cannot but hope that the legislators of this highly enlightened State will weigh well the matter, before giving their solemn sanction to what we, in our hearts, conceive to be a great system of imposture. We cannot but look on the present endeavor to procure a repeal of the existing medical laws, as an attempt to break down and disgrace the regular medical faculty; to bring learning and science into discredit; and to build up on the ruins thereof a set of idle and irresponsible men—adventurers in the great business of medical imposture—who, as a body, have no one of the numerous qualifications which we conceive to be necessary to a skilful and trusty physician. We have no doubt that this attempt, even though it attain its immediate object, will prove abortive in its ultimate aim. We know that this enlightened community will never countenance quackery as a general and permanent thing; but, at the same time, we have good reason to believe that many honest men will be perplexed, many minds unhinged, and individual opinion in hundreds of cases unsettled, should the present excitement against medicine as a science, and in favor of medicine as a "gift," be encouraged.

DR. FULLER'S REPLY TO DR. HINCKLEY, ON WOUND OF THE RECTUM.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—In the present volume of the Journal, page 173, is a communication from Dr. Hinckley, of Vermont, detailing a case of wound of the rectum and its treatment under his prescriptions, and commenting severely upon my case of wound of the same, which was hastily sketched, and may be found at page 105 of this volume. I may not have conveyed a clear and definite description of that wound. I found it difficult to do so, as I took no notes at the time, and the situation of the wound was such that actual inspection and examination alone could convey a clear and distinct idea of its nature and extent. Yet I did not expect that I should be wholly misunderstood, or if understood, that it would be thought a severe and unnecessary operation had been performed.

I will again attempt to describe the wound. The horn of the ox entered within three fourths of an inch of the verge of the anus, denuding the rectum, passing up about four inches, then perforating the rectum, making an aperture about the size of a quarter of a dollar, lacerating and tearing away the whole of the integuments back to the os coxygis. The sphincter ani, having its attachments posteriorly and laterally torn away, was drawn forward and strongly contracted, so that the wound made by the horn was of sufficient size to admit the whole hand.

Dr. Hinckley has presented the case of a child five years old, slightly wounded in the rectum by a broken board nail. He attempts to draw a parallel between the two cases, but acknowledges they are "not exactly parallel," and comes to the invidious conclusion that in my case the operation was wholly uncalled for.

Let us contrast them. In the case of the boy, the nail "entered the rectum about one inch or an inch and a half above the sphincter ani." "Externally the wound was about one and a half inch long," and of the diameter of the point of a board nail. There was spasmodic contraction of the sphincter at the time the Dr. examined it, which was on the same day, and probably soon after the accident, and fecal matter was discharged through the wound. A cathartic was given, and a poultice applied; on the fourth day "a part of the feces pass by the anus, and a part through the wound," and on the fifth day "no feces pass by the wound, but all per anum." We all know how readily a wound or a fractured bone will usually unite in a child. Had the friends of the boy waited until the fifth day, as in Webb's case, in all probability Dr. Hinckley would never have been called; for by that time the wound would have closed of its own accord.

My patient, Mr. Webb, was a large, plethoric, and very muscular man. He had been wounded five days prior to my first visit. The weather was warm; the wound had an unhealthy appearance; the sphincter ani was permanently contracted, leaving the wound gaping; there had been constant involuntary discharges of the feces through the wound, but nothing had passed per anum; the wounded surfaces did not come in apposition; the upper lip, if I may be allowed the term, jutted over the lower about one inch. Cathartics had been given, opiates to control the bowels, the wound often cleansed, a tent partially introduced to prevent the constant fecal flow; a bread and milk poultice had *not* been applied, and yet at the time of the operation, nine days after the injury was received, there did not seem to be any probability that the wound would unite either by the first, second, or any other intention. There seemed no alternative but that the patient must drag out a miserable existence, having a large artificial anus in the worst possible position, or submit to an operation and have a chance of being restored to comfort and usefulness, as he now is, being able to labor upon his farm and support his family.

It was distinctly stated, in my former communication, that in consultation with Dr. Hubbard an operation was agreed upon, but that a few days delay was necessary to prepare the patient for the operation. To preserve the wound from constant irritation occasioned by the unremitted discharges of pus and feces, a tent was introduced, as well as opiates given, but even then the wound was not long kept from irritability. Dr. Hinckley labors under an error if he supposes we expected to heal the wound by filling it with a foreign material.

Dr. H. considers the wound in Webb's case " bears almost no analogy to fistula in ano." " In one (fistula in ano) the ulceration is the effect of a specific diseased action, producing an ulcer of a peculiar character, very far from healthy." I did not speak of the *specific character* of the wound in this case as bearing analogy to fistula in ano, but of its *position.* But I deny the Dr.'s premises in toto. An operation for fistula in ano is not resorted to on account of a " specific diseased action producing an ulcer of a peculiar character," but *on account of the relative position of the parts.* If you operate in fistula in ano, because the ulcer is of a peculiar character, having its origin in a " specific diseased action," why not operate in all ulcers, wherever situated, possessing the same specific origin ? In fistula in ano the fistulous canal is kept open by the contraction of the sphincter ani ; you divide the sphincter, and the canal will be closed by adhesion or granulation. In the case of Webb, therefore, the principle of the operation was reduced to the same as that for fistula in ano.

When Dr. Hinckley again commences an attack upon surgeons " down east " who have seen something of service, he will do well to look to the principles he himself advances. A. P. FULLER.

Albion, Me., July 3d, 1837.

ACUTE PERITONITIS.

BY ISAAC G. BRAMAN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

ON the 20th of June, I was called to see D. B., a strong, healthy child, born of Irish parents, aged about four years. On my arrival I found him suffering considerable pain from a carious tooth. This I readily extracted, and as there appeared to be some nausea at the stomach, with coated tongue, I prescribed a gentle emetic. It operated kindly, bringing away a considerable quantity of dark vitiated bile and phlegm. I left him quite relieved, and being busily engaged, did not see him again during the day. The next morning a messenger came for me in great haste, with the information that " Daniel was almost dead." I repaired immediately to the house, and found my little patient exhibiting the following symptoms. He lay upon his back in bed ; knees drawn up ; abdomen swollen, and intensely painful to the touch ; great heat and dryness of the skin ; nausea and vomiting ; pulse 180, hard, and contracted. Upon making inquiry of the mother as to how he had appeared since I saw him, she remarked that he was quite comfortable after the operation of the emetic till evening, when he was seized with a fit. He had two or three of them during the night, and also vomited several times. She (no doubt with honest intention) had "given it *milk, flour* and *water, herb tea,* and a host of other things," but the more she did the worse it grew. Of course I had no difficulty in accounting for the good woman's failure.

To allay the irritability of the stomach, I directed the following: R. Creosote gtt. i. aqua pura ℥i. M. Let him take ʒi. every 15 minutes if necessary. There was no vomiting after the first dose.

The next question to be settled was the course I should pursue in arresting the progress of the disease. The parents were utterly opposed to venesection or vesication. All I could persuade them to submit to, was a small blister over the bowels, which was on but a short time before it was taken off, without accomplishing anything of importance. However, I will say that I should have insisted more strongly upon bleeding, had I not been very much prepossessed in favor of ol. terebinth as a remedial agent in this complaint, and had long wished for an opportunity to give it a fair trial. Here, then, was one, and I determined to improve it. I commenced with the following form. R. Ol. terebinth, ol. ricini, āā. M. Take ℥ss. every two hours, till bowels are opened. 7, P. M., has taken the medicine three times; no dejection. Continue same with 4 grains sub. m. hyd. in the intervals.

22d, 8, A. M. There has been two dejections, of quite dark character and fetid smell, having the consistence of tar. No material alteration in the symptoms, except the pulse, which is less frequent, 170, and softer to the feel; has passed some water, which is high colored and fetid. Discontinue the oil, and let him have the following once in three hours. Dulcis spirit nitrosi lx. gtt., camph. tinct. opii xxx. gtt., tart. antim. gr. 1-8. M. 8, P. M. Found him much worse; appears sicker than he has been at any time previous; no dejections; pulse again up to 180. Recommence the oil as before, and aid the operation by enemata.

23d. Bowels opened freely the latter part of the night; is somewhat easier; pulse 160. Let him continue medicine at intervals of six hours. 24th. Quite as comfortable as yesterday; one dejection; continue medicine, and let him have, at bedtime, pulv. ipecac. compos. 6 grs. sub. m. hyd. grs. ii. 25th. There is now a material alteration for the better; bowels have been opened freely, and he has passed water in considerable quantity; tumefaction of the abdomen subsiding rapidly; begins to ask for food. Dr. Robinson met in consultation. He advised to small doses of acet. potass. with rhubarb and sulph. mag., should laxatives be necessary; which, however, was not the case, for the bowels kept in a soluble state, scarcely requiring anything to move them. He continued rapidly to improve from that time, and is now in perfect health.

Remarks.—This case is one of interest, as showing, in a remarkable manner, the power of ol. terebinth in arresting peritoneal inflammation. It has been, I believe, generally conceded, that if there was one disease more than another which imperiously and unhesitatingly called for active and vigorous depletion, it was acute peritonitis. Yet it was not made use of here, although the inflammation might be said to have been of the highest grade. We see that when the oil was used often and freely, it held the disease in check; upon slacking, it returned with renewed force, till by repeated doses it was broken up. What effect the calomel might have produced, I am unable to say. It was used rather at the suggestion of a friend; but of this I am certain, that calomel alone would never have conquered the disease in the small quantities which were given.

New Rowley, July 20, 1837.

OTORRHŒA.

BY J HARRISON CURTIS, LONDON.

Few diseases, perhaps, are more difficult to relieve than those of the ear, and of these the most common are discharges from that organ, or otorrhœa.

Persons affected with this disease are very apt to neglect it, more especially when, as not unfrequently happens at the commencement, it does not interfere with hearing. Now, it is one of these affections that, of all others, requires early attention, for although simple in its nature, in the first instance, it is liable, as M. Lallemand has shown, to terminate in disorganizing the internal structure of the ear.

There are, hence, three kinds of otorrhœa. One, in which the discharge is muculent in its acute stage, changing to one that is puriform when it becomes chronic. Another, in which the discharge is accompanied with a polypus growth; and the third, proceeding from caries of the bones. The first, in its acute form, is most usually met with in children, and is not attended with much pain, but by neglect, or maltreatment, the discharge is apt to change to a purulent character; and if still further neglected, a polypus forms, or the bones are destroyed, when the discharge becomes discolored, and offensive. Concluding these preliminary observations, I shall now relate a few cases in illustration of the treatment, which I have found exceedingly beneficial in relieving them.

Mr. R. applied to me on account of a discharge from his left ear, which had annoyed him for several years. After allaying the existing irritation, by bland means, he was cured by the following injection:—R. Decoction of oak bark, 12 ounces; alum, and supersulphate of potash, 2 drachms. Dissolve, and make an injection.

Miss L. had a discharge from both ears, which was brought on from cold. She also used the oak bark and alum injection, and got quite well.

I lately attended two cases of a similar kind to the above, with Sir Benjamin Brodie, the one a lady of quality, and the other a gentleman from Scotland. The first of these cases got well by the usual treatment; of the other, from his not remaining in town, I did not hear the termination.

The two following cases I have taken indiscriminately from the casebook of the Royal Dispensary, in proof of the efficacy of the same mode of treatment:—

Joseph Page, aged 9, has had pain in both ears for a fortnight, which has ended in suppuration. At first antiphlogistic treatment was adopted, and when the pain and other symptoms of inflammation had subsided, the usual injection was had recourse to, and shortly effected a complete cure.

Thomas Brown, aged 12, was admitted as a patient, in December, 1836. Has been deaf from his birth, with occasional pain and discharge from his ears. His ears were syringed, and blisters were applied behind them. The alum injection was then used, and in three weeks from his first applying at the Dispensary, he was dismissed cured.

I said that the long continuance of otorrhœa was a common cause of polypus in the ear. The following case is an exemplification of the fact.

Major ——— had been long subject to a discharge from the left ear, which he had neglected. Becoming at length quite deaf on that side, he consulted me, and on examining the ear, I found a fungous growth obstructing the passage. The polypus was first removed by a ligature, and, by resorting to the injection, the discharge soon ceased, and his hearing was restored.

Purulent otorrhœa at times proves fatal. A friend of mine had been subject to it for many years, but could not be persuaded to have medical advice, when, going to witness a horse-race, and being exposed to a draught of cold air on one of the stands, he caught cold in the affected ear: inflammation came on, and, extending to the dura mater, he died from meningitis. But the most remarkable case that ever came under my care, was that of Andrew Donelley, a person residing in York street, Mary-le-bone. As he was imprudently cleansing his ear of cerumen with the head of a pin, he injured the parts, which brought on a discharge from the ear. He applied, and was admitted as a patient at the dispensary, but was exceedingly negligent in his attendance, and, finally, left altogether. Twelve months afterwards he became a patient at St. Bartholomew's Hospital, under Mr. Lawrence, affected with excruciating pain, and a profuse discharge from the ear. Here he remained only four days, and died, eventually, about two years from the commencement of the disease. I cite this case, as, perhaps, the most extraordinary and horrible example of the effects of long-continued neglect on record.

A model, in wax, of these effects was made nine days previous to his death, by Mr. Miller, a copy from which is in my possession, and another in the museum of St. Bartholomew's Hospital.—*Lon. Lancet.*

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, AUGUST 2, 1837.

LECTURE ON ACCLIMATION.

In times past we have adverted to the organization of a school of medicine at New Orleans, a city peculiarly favorable for the acquisition of a practical knowledge of acute diseases, if one half is true which is related of the condition of its climate. And were it not for the lucid exposition of the immediate causes of that sweeping mortality which has characterized New Orleans, in the discourse before us, it would still be difficult to divest ourselves of the opinion entertained at the north, that the place is virtually the *grave of strangers*. But the vice of intemperance, of which very many are guilty who feel the spirit of adventure—and who concentrate in that city, when the rigor of winter, in many sections of the United States, closes the avenues to various kinds of business which are conducted with boldness and activity in that enterprising mart of commerce, accompanies them there. Unaccustomed to the habits of the people, and having no philosophical reference, in most cases, to the great exchange which they have made of the boisterous, snow-blowing winter of home, for the bland warmth and sunshine of Louisiana, they are too apt to continue in those death-destroying indulgences which tend to ill health, if not to an early dissolution, to say nothing of the poverty and wretchedness usually following in their train. As the vital machinery, under such circumstances, acts with accumulated power, it speedily deranges itself, and that life which it should be the constant care of all intelligent beings to preserve, surrounded as we are with innumerable objects of interest and usefulness and delight, is often fritted away in the very commencement of existence, a sacrifice to an atrocious vice—hard drinking.

On the other hand, those of unimpaired constitutions, who have no morbid cravings to gratify, enjoy an amount of good health in that very terrifying abode of death-snatching fevers, quite equal to that in their native air. All this—and it is a perfectly tenable doctrine—is deducible from innumerable facts and observations collected by professional gentlemen residing in that city.

Dr. E. H. Barton, of New Orleans, seems to have devoted himself with praiseworthy zeal to the investigation of the causes which have given that place its unfortunate reputation of being sickly. In his official capacity of Professor of Theory and Practice in the Medical College of Louisiana, at the opening of the last lecture term he gave a public lecture on *acclimation*, so perfectly satisfactory to the class, and wisely, too, considered so important, that a copy was requested for publication. Omitting whole pages, as a matter of necessity, only detached paragraphs can be introduced here; but they are abundantly sufficient to demonstrate the research of the author.

"The mortality attendant on acclimation—proceeding almost entirely from an ignorance of the means of rendering the process easy, and pointing out those shoals upon which so many thousands have been wrecked and lost, I have no doubt, exceeds the calculation of the most heartless traducer of this region of country. The sad renown for perennial pestilence which the southern portions of the Union, and particularly this State, and more especially this city, has obtained, is mainly attributable to the *cost of acclimation*. You see, then, I can neither over-rate its importance, nor the interest necessarily attached to it. Were the subject properly understood and acted on, the great dread and apprehension with regard to this climate would be removed—this horrible "charnel house" of New Orleans and the swamps and bilious fevers of the South, would be no longer held up as a scare-crow to frighten away a population, which, but for this, would be spread over every portion of this fertile and beautiful country."

"The principal agent that is appreciable and controllable by us, and that constitutes the greatest agent in these climatural modifications, is difference of *temperature.* The system of the inhabitant of a cold region has the calorific (or heat-producing process) in a state of great activity to adapt it to the temperature he dwells in. When he moves south, this process is no longer required, to the same extent, and consequently the individual coming from the north to the south suffers in a twofold degree—1st, from the increased temperature of the region itself; and 2d, from the habitual activity of the organic action in him which engenders animal heat. This power of engendering heat, and retaining nearly the same temperature, under almost every variety of exposure, is a property peculiar to life, and in consequence of it, even vegetables have a power of controlling their own temperature, though in a much more limited degree. Without this power of adaptation, it is obvious that man must have been chained for life to the climate which gave him birth, and even there must have suffered constantly from the change of seasons.

"This process of calorification in man is accommodated to the latitude in which he is placed. In more northern latitudes its requirements are much greater for the very existence of animal life, and the expenditure of it, in winter, must be exceedingly great. As we proceed south, these demands no longer exist (to the same degree). The habit, however, has been formed, and time and other means are requisite, to reduce the process to the lessened demands of the system. Fortunately for us, in this respect, the visiting a warm climate is, to the system, as the occurrence of summer; unless assisted by artificial excitants and provocatives, less food, and particularly of a stimulating nature, is craved for, under its relaxing zephyrs, than under the bracing blasts of winter; these indications of its greater or less activity in proportion to the demands of the system seem to be a wise provision in the economy of nature, to prevent that fulness of the bloodvessels that would be oppressive in summer, and with the effect of accumulating it in winter, when there is such a demand for the calorific energies of the system."

"To give these remarks a practical bearing—their only real value—and as there is but one condition (of the physical constituents of climate) that we can be said to thoroughly understand, or which it is necessary to control (except moisture, which will be mentioned hereafter), the varying amount of caloric and the calorific process, we must necessarily confine ourselves to the regulation of these, so as to adapt them to the varying circumstances of the changes contemplated or effected. How then is this to be effected ? The first is to lower atmospheric temperature or avoid exposure to it, and will be mentioned hereafter. With regard to the second, the corrective influence is derivable from such sources or means as lessen the temperature upon man directly—by lessening the activity of the calorific process, and by diminishing the impressionability of his system, or its susceptibility to heat, by duly protecting and giving tone to the surface."

"To fulfil these objects, the various modes of depletion, direct and indirect, comprehended in the antiphlogistic treatment, are plainly indicated. They are—avoiding exposure to an elevated temperature, moderate clothing and exercise, cooling drinks, the strictest temperance, light diet, and when the calorific process exists in excess, with a full habit of body, bleeding, the tepid bath and cooling purging is called for.

"I have no hesitation in expressing my belief that the error of the counsel given to those going south, to employ stimulants to counteract the supposed debilitating influence of a warm climate (which has no mean authority for its advocacy), has arisen from confounding the effect of the long-continued heat, with that of first impressions—the one bearing, often calling for stimulants—the other (proceeding directly from the stimulus of heat), adding to and heightening all the injurious effects of a hot climate. This fatal error has carried millions to the grave, and will continue to do so until men reason rightly from effects to causes. Experience upon this subject lends its important aid and confirms the value of the theory."

"There is a valuable lesson furnished us upon this subject, and it is by the native or acclimated population themselves, and none are more to the point—it is that of graduating our living and habits by that standard which unfailing instinct and experience have taught them is adapted to their positions. This is a universal truth, whose single exception or prerequisite is, that in coming from a cold to a hot climate, the *calorific process* must first be reduced to the scale of the native. This is a rule of such general application, so reasonable, so often proved by experience, that it is surprising it is not universally enforced upon those changing climates. The English cockney, in contempt of what he calls native effeminacy, exposes himself without an umbrella to the scorching rays of an Indian sun, and afterwards quaffs his glass and gormandizes, as in the invigorating climate of London, and condemns the *climate* for prostrating him. The more accommodating Frenchman confines himself to vegetables and soup, and withstands influences under which the other sinks. And so with our northern brethren, *this climate* has to stand answerable for all the sins of juleps and champagne—beef and bacon.

"Capt. Parry, in his perilous voyages to discover a north west passage, found that in proportion as his men adopted the manners and habits of the indigenous inhabitants, so did they with the more facility bear the climate, and he found that an exclusive animal diet, a large use of oil and fat meats, was the true secret of life in those frozen regions, and he expressed his conviction, that if his sailors could swill blubber oil with as much *goût* as the natives, and conform to their usages and experience, they would escape the unhappy destiny of the many men who have wintered in those icy solitudes.

"And how afflictive to humanity has been the experience afforded by the numberless travellers whose lives have been sacrificed by the unfriendly climates of Africa and India; unprepared by a knowledge of the customs of the natives, or the requirements of climate, they have blundered on with European habits till death has put a period to their wanderings. Such too has lent to war a scourge of tenfold devastation, from the ignorance of those having its direction, upon this subject. From the possession of this knowledge, the rigors of an arctic winter have now no terrors. It has been made, with a detention of near two years, without losing a man; and there cannot be a doubt that with the same attention to the '*non-naturals*,' a like immunity would be enjoyed in the south."

VACCINATION IN SIAM.

About one year since, we sent a quantity of vaccine virus to Dr. Bradley, an American practitioner in the missionary service, who is statione at Bankok, the capital city of the kingdom of Siam. It is needless to remark that every supposed necessary precaution was taken to keep the matter in good condition, but unfortunately Dr. Bradley suffered a severe disappointment in not succeeding in the effort to reproduce it. We have subjoined a letter recently received from him, to show how very important it is that vaccination should be introduced into that remote region of the old world. Had it not been for the four or five months' detention of the package, of which he speaks, we think the virus would not have been utterly lost. Any suggestions from our correspondents in relation to the *best* and *surest* mode of transmitting it, would be gratefully received by the editor. Even phials, crusts, and quills, variously prepared, according to the views of those who would like to be successful in this philanthropic effort, sent to this office, will be forthwith transmitted to the address of Dr. Bradley.

The following is the letter referred to :

Bankok, January 19*th*, 1837.

Dear Sir,—Yours of February 22d, 1836, and the vaccine virus accompanying it, came to hand November 26th, 1836. It was detained four or five months at Singapore. In a very few days after the receipt of the virus, I gathered together children enough to use the quills of one phial. That there might be no unnecessary room for a failure, I pursued precisely your plan of vaccinating, as described in your letter. Not one of the first lot succeeded. Accordingly I called together another flock of children, many different from the first, and vaccinated in both arms, by puncture in one, and scarifying in the other. But all to no effect. It was an entire failure. The poor people and the great were much disappointed. But I encouraged them with the hope that I should soon procure more. I am seeking for the virus from all quarters. I fear I shall fail in all. If the vaccine virus could be once well introduced into Siam, it would be the greatest of all eras in Siamese history. Smallpox is a terrible disease among them. It is their *master waster* of life. Let me urge you to make further trials to introduce the virus into this country. The phials you sent were merely corked and sealed. Is there not a better way to protect the matter against the atmosphere ? I would propose that you send some prepared in various ways, and let me have a trial of all. Let some be sent on quills, some concreted, some in scabs, and all sealed hermetically and perfectly excluded from light. Let it be sent, if possible, by a ship bound to Siam, or by a ship that will reach Singapore in June, so that the Arab ships may take and bring it hither.

I would now gladly write you further on the wants of this people in relation to the practice of medicine, but my hands are so full that I must beg to be excused for the present. I have prepared a report of my medical services in Bankok up to October last, and sent it to Rev. C. Bridgeman, editor of the Chinese Repository. If he shall judge it worthy of publication, I would refer you to it for some account of my humble services, and the wants of this benighted people. I will endeavor to write you occasionally on matters that shall interest your medical readers.

Very respectfully yours,

J. V. C. Smith, M.D. D. B. Bradley.

Transactions of the Medical Society of the State of New York.—Messrs. E. W. & C. Skinner, of Albany, are entitled to our thanks for their attention and promptitude in forwarding Part II. of Vol. III. of the Society's Transactions. It is indeed a valuable periodical, and is published by these gentlemen annually. Dr. M'Naughton's address on the progress of medicine in that State; the prize essay on the "influence of trades, professions and occupations in the United States, in the production of diseases," by Dr. M'Cready; Observations on the causes of the large proportion of stillborn children in our large cities, compared with those of London; a dissertation explanatory of the beauty of form, by Prof. Joslin; and statistics of the blind in the United States, are each of them excellent, and will be read with much satisfaction. Beside these, there are several other papers of merit, but which we have yet had no opportunity of examining. It is discoverable in these Transactions, that the profession in the empire State are not excelled by their neighbors.

Lithotrity.—In performing this operation lately at the Hotel Dieu, Paris, M. Roux was obliged to make an incision to extract the instrument. It appears that at the first eight sittings for crushing the stone, no accident occurred; but on the ninth, the operator having seized a fragment of the calculus between the branches of the instrument, unfortunately resolved to extract it entire. The instrument, thus charged, easily passed through the neck of the bladder, but stuck fast in the spongy part of the urethra, and every attempt to disengage it only produced pain. M. Roux decided on cutting down directly on the point of the instrument, which was done in a few seconds, and the fragment of stone disengaged from between the branches and extracted, after which no difficulty was found in closing and withdrawing the instrument. The patient was unwilling to submit to any further attempts at breaking the fragments which remained. This case exhibits nothing conclusive against the operation itself, as M. Roux was evidently not justified in attempting to withdraw the instrument with a portion of the stone.

Lobelia Inflata.—This article has lately attracted considerable attention in England, and quite a controversy is carried on in the Lancet respecting the introduction of its use into that country. In 1832, a specimen of the lobelia prepared by the Shakers of New Lebanon, N. Y. was presented to Dr. Elliotson, who had previously used the article for the relief of spasmodic asthma. Dr. E. expressed his admiration of the perfect state in which the plant was preserved, and immediately ordered a tincture to be made, which was prepared by Mr. Whitlaw as follows: R. Lobelia inflata, 1 pound; rectified spirits of wine, O iv.; spirit of nitrous ether, O iv.; spirit of sulph. ether, ℥iv. Macerate for fourteen days, perfectly excluded from the light. The medicine in this form has since been successfully used by Dr. Elliotson, at St. Thomas's Hospital, in various cases of difficult breathing.

☞ During the alterations at the corner of Franklin street, the Journal office may be found at 74 Washington street, up stairs.

Died,—At New York, Dr. Talmadge Sutherland, 49.—At Rochester, N. Y., Dr. Anson Colman.—At New Haven, Ct. Sylvester Wells, M.D., aged 75—one of the oldest physicians in the State.

Whole number of deaths in Boston, for the week ending July 29, 31. Males, 15—Females, 16.

Consumption, 3—inflammation of the lungs, 1—palsy, 1—dysentery, 1—typhus fever, 2—cholera infantum, 3—dropsy, 1—disease of the head, 1—teething, 1—accidental, 1—canker in the bowels, 1—inflammation of the bowels, 1—scarlet fever, 1—apoplexy of the lungs, 1—cholera morbus, 1—convulsions, 1—apoplexy, 1—paralysis, 1—hives, 1—dropsy on the brain, 1—fits, 1—stillborn, 2.

BERKSHIRE MEDICAL INSTITUTION.

THE Annual Course of Lectures for 1837, will commence the last Thursday in August and continue *thirteen* weeks.

Theory and Practice of Medicine and Obstetrics, by - - - - -	H. H. CHILDS, M.D.
Pathological Anatomy, by - - - - - - - - - -	E. BARTLETT, M.D.
Materia Medica and Pharmacy, by - - - - - - - -	DAVID PALMER, M.D.
Botany, Chemistry and Natural Philosophy, by - - - - -	C. DEWEY, M.D.
Surgery and Physiology, by - - - - - - - - -	W. PARKER, M.D.
General and Special Anatomy, by - - - - - - - -	R. WATTS, JR., M.D.
Legal Medicine, by - - - - - - - - - - - -	HON. HENRY HUBBARD.

Fee for the Tickets of all the Professors, $50. Those who have attended two full courses at an incorporated medical school, $10. Graduation, $16. Board not exceeding $2 per week.

By an act of the Legislature of Massachusetts, passed April, 1837, the Berkshire Medical Institution is constituted an *Independent Medical College*, with authority to confer degrees, and the graduates are entitled to all the privileges and immunities which pertain to the medical graduates of Harvard University.

By a vote of the Massachusetts Medical Society, passed the 31st of May last, the graduates of the Berkshire Medical Institution, are ex officio entitled to admission as Fellows of said Society.

C. DEWEY,
July 19—6t *Dean of the Faculty.*

TO MEDICAL STUDENTS.

THE undersigned are associated for the purpose of instructing in all the branches of Medicine and Surgery. A suitable room will be provided, and pupils will have the use of an extensive medical library, opportunities for seeing the practice of one of the districts of the Dispensary and of the Eye and Ear Infirmary, and of attending a course of lectures on the diseases of the eye.

A regular course of recitations and examinations will include all the required professional works. Anatomical instruction and private dissection will form a prominent part in the study of the pupils. For further information, apply to either of the subscribers.

JOHN JEFFRIES, M.D.
R. W. HOOPER, M.D.
Franklin Street, Nov. 9, 1836. July 19—6m JOHN H. DIX, M.D.

MEDICAL SCHOOL OF HARVARD UNIVERSITY.

THE Medical Lectures in Harvard University will begin on the first Wednesday in November, in Mason street, Boston, at 9 o'clock, A. M., and continue thirteen weeks. For the following four weeks, the Hospital and Dissecting room will be kept open, and some Lectures will be given, without additional expense, to such students as may remain.

The following Courses of Lectures will be delivered to the class of the ensuing season.	*Fees.*
Anatomy, and the Operations of Surgery, by JOHN C. WARREN, M.D.	$15
Chemistry, by JOHN W. WEBSTER, M.D.	15
Midwifery and Medical Jurisprudence, by WALTER CHANNING, M.D.	10
Materia Medica and Clinical Medicine, by JACOB BIGELOW, M.D.	10
Principles of Surgery and Clinical Surgery, by GEO. HAYWARD, M.D.	10
Theory and Practice of Physic, by JOHN WARE, M.D.	15

By an additional act of the Legislature of Massachusetts, the opportunities for the study of Practical Anatomy are now placed upon the most liberal footing, and an ample supply of subjects for the wants of science will be legally provided at a small expense.

The Massachusetts General Hospital is open without fee to students attending the Lectures of the physicians and surgeons. Clinical Lectures are given several times in each week, and surgical operations are frequent.

To the Medical College is attached a Medical Library, a costly and extensive Chemical Apparatus, and Collections illustrative of Midwifery, Materia Medica, and Healthy and Morbid Anatomy.

WALTER CHANNING,
Boston, July 5, 1837. tNov. 1. Dean of the Faculty of Medicine

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NEW MEDICAL BOOKS.

WILLIAM D. TICKNOR, *Medical Bookseller*, corner of Washington and School streets, has just received, Surgical Observations on Tumors, with Cases and Operations; illustrated with many colored engravings. By John C. Warren, M.D. Price $4,50.

A Treatise on the Malformations, Injuries and Diseases of the Rectum and Anus; illustrated with plates. By George Bushe, M.D. Price $3,25.

Also as above, may be found, a very complete assortment of Medical Books, which will be sold on the most reasonable terms.

June 14.

VERMONT ACADEMY OF MEDICINE.

THE Autumnal term of the Vermont Academy of Medicine commences on Thursday, the 10th day of August, 1837, and continues thirteen weeks.

Theory and Practice of Medicine and Materia Medica, by - -	WILLIAM TULLY, M.D.
Surgery, Obstetrics, and Diseases of Women and Children, by	THEODORE WOODWARD, M.D.
Chemistry and Natural History, by - - - - - - - -	JOHN D'WOLF, JR., A.M.
Anatomy and Physiology, by - - - - - - - -	JAMES H. ARMSBY, M.D.

July 26—3t

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR. at 74 Washington Street, four doors south of City Hall, to whom all communications must be addressed, *post-paid*. It is also published in Monthly Parts, each Part containing the weekly numbers of the preceding month, stitched in a cover. J. V. C. SMITH, M.D., Editor.—Price $3,00 a year in advance, $3.50 after three months, and $4,00 if not paid within the year.—Agents allowed every sevent hcopy *gratis*.—Orders from a distance must be accompanied by payment in advance, or satisfactory reference.—Postage the same as for a newspaper.